## IDAHO SUPPLEMENTAL SCHEDULE

1997

For the	year January 1 - [	December 31, 1997, or	fiscal year beginning	l	, 1997, e	ending	g	, 1998
	hown on return		, ,				cial Security N	
PART I:	For Form 40 filers	. If you are filing Forn	n 43. use PART II on th	ne back	of this form			
A. A	liternative Energy	Device Deduction. See	e instructions, page 18	5.				
Y	ear Acquired	Type of Device	Total Cost		Percent			
1	. 1997	<i>31</i>	\$	Х	40% =	: 1		
2			\$	Х	20% =	: 2		
3			\$	Х	20% =			
$\overline{4}$			\$	Х	20% =	= 4		
5	. Total deduction	. Add lines 1 through 4	Enter here and on I	ine 19, F	orm 40.	5		
	latirament Panafita	Doduction Sociestry	ections nago 10				•	
		Deduction. See instru	. •					
		nce (\$15,912 or \$23,868)						
		s received under federal R						
		s received under federal S					<u> </u>	
		nus lines 2 and 3)						
		retirement annuity include						
	. Enter the smaller c	of lines 4 or 5 here and or	i line 21, Form 40.			6		
C. (	Other Subtractions	. See instructions, pag	es 18 and 19.					
		credits for alcohol or gaso				1		
		e Idaho Medical Assistanc						
		ersonal care services				-		
		e for the aged and/or deve						
		ngs						
	•	a reservation by a Native A						
		a medical savings accoun						
		s. Identify						
		ctions. Add lines 1 through				9		
	Sundit for Images 1	Tayoo Daid ta Amathar (	Chala Caaimalmualians	1	10		1	
		axes Paid to Another S			19.			
		Form 40						a copy of the
		ed income						tax return and ate Form 39 for
	•	come from line 29, Form 4		-				ite for which a
	•	3. Enter percentage her				%	credit is	claimed.
		ne 4. Enter amount here.						
		ue from its tax table or ra		ne tax cre	edits	_		
7	. Enter the smaller o	of lines 5 or 6 here and or	line 40, Form 40.			7		
E. M	laintaining a Home	e for a Family Member	Age 65 or Older, or a l	Family M	lember With	а		
		ability. See instruction		,				
	-	•		الممد محما	ara, dala maara			
I	•	home for an immediate fa	3				v [	
2		s/her support? You and yo					Yes	No
2	•	home for an immediate fa one-half of his/her suppo	•	•	•		Voc [	
		ES to either question, com		may quai	ш у		Yes	No
3		mber you are claiming:	ipiete iiries 3 ariu 4.					
3				I B. J. II'.				Check here if
	Name of F	amily Member	Social Security Number of Family Member		ship to Person g Return		f Birth of Member	developmenta disability
_			, , , , , , , , , , , , , , , , , , ,					a.sabiiry
_								
_								
4	. Total amount clair	ned (\$100 for each qualify	ring member but not mo	re than \$3	300).			
	Enter on line 63, F					4		
	· · · · · · · · · · · · · · · · · · ·							

0-20-77				
ame(s) as shown on return		Social Security Number		

## PART II: For Form 43 filers. If you are filing Form 40, use PART I on the front of this form.

A. Other Subtractions. See instructions, pages 20 through 22.			tractions. See instructions, pages 20 through 22.  Column A Total				
1. Idaho resident - Active duty m	ilitary pay earned outside of Idaho						
2. Federal income tax credits for	alcohol or gasohol						
3. Contributions to the Idaho Me	dical Assistance Account	3					
4. Expenditures for personal care	e services						
5. Maintaining a home for the age	ed and/or developmentally disabled	j. 5					
6. Idaho lottery winnings							
7. Income earned on a reservation	on by a Native American	7					
8. Worker's compensation insura	nce	8					
9. Partner's and shareholder's pa	ass-through subtractions	9					
10. Insulation of Idaho residence.	-	10					
11. Technological equipment dona	ation	11					
12. Interest earned on a medicals	avings account	12					
13. Alternative energy device ded	uction						
Year Acquired Type of Devi	ce Total Cost Percen	t					
a. 1997	\$ X 40%	<sub>=</sub> 13a					
b. 1996	\$ X 20%	<sub>=</sub> 13b					
c. 1995	\$ X 20%	<sub>=</sub> 13c					
d. 1994	\$ X 20%	= 13d					
14. Other subtractions. Identify.		14					
15. Total other subtractions. Add Enter on line 42, Form 43.	I lines 1 through 14.	15					

## B. Credit for Income Taxes Paid to Another State by Part-Year Residents. See instructions, page 22.

Nonresidents cannot claim this credit. Idaho residents on active military duty, complete Section C below.

1.	Idaho adjusted income from line 44, Column B, Form 43	1			Attach a copy of the
2.	. Other state's adjusted income				income tax return and
3.					a separate Form 39 for
4.	Idaho tax, line 55, Form 43	4			each state for which a credit is claimed.
5.	Divide line 3 by line 1. Enter percentage here	5	%		credit is claimed.
6.	Multiply line 4 by line 5.			6	
	Other state's tax due from its tax table or rate schedule less				
	its income tax credits	7			
8.	Divide line 3 by line 2. Enter percentage here.	8	%		
9.	Multiply line 7 by line 8.		9		
10.	0. Enter the smaller of lines 6 or 9 here and on line 56, Form 43.			10	

## C. Credit for Income Taxes Paid to Another State by Idaho Residents on Active Military Duty. See instructions, page 22.

1. Idaho tax, line 55, Form 43	1			income tax return and
2. Other state's adjusted income	ne			a separate Form 39 for
3. Idaho adjusted income from line 44, Column B, Form 43	3			each state for which a
4. Divide line 2 by line 3. Enter percentage here	4	%		credit is claimed.
5. Multiply line 1 by line 4. Enter amount here.				
6. Other state's tax due from its tax table or rate schedule less its income tax credits			6	
7. Enter the smaller of lines 5 or 6 here and on line 56, Form 43.				